BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective COUNTY, 2003

Application or Docket Number

10/707456

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
TOTAL OLIVING			(Column 1)		(Column 2)			TYPE		OR		
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385	OR	BASIC FEE	3770
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ Q =		OR	X\$ 8=	
INDEPENDENT CLAIMS			minus 3 =		*			X43=		OR	X8b=	
MULTIPLE DEPENDENT CLAIM PI			REȘENT					+145=	<u> </u>	1		
* If the difference in column 1 is less than zero, enter "0" in column 2								-		OR	+290= TOTAL	
H/C/05 CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	OR	TOTAL OTHER	THAN
	7 (β 3 . ·	(Column 1)	(Column 2) (Column 3				l_	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	12	Minus 2	Qall.		=	x\$9 <i>≱</i>	x\$9 <u>≠</u>		QR	×\$(8=	<i>j</i> .
	Independent	· 2	Minus	***				X/3-	. /	OR	1736	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM	74		+ 45 =		OR	₩0=	
•	•						-	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)								· .			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=] [x19=		OR	x\$/8=	
	Independent	*	Minuş	***		=] [X43=		OR	×86=	•
Ĺ	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		1	+145=	-	OR	tJ90=	
							. L	TOTAL	•	00	TOTAL	÷
•	· .	(Column 1)		(Colum	nn 2)	(Column 3)	Α	DDIT. FEE		011	ADDIT: FEE	i
O		CLAIMS		HIGHE	ST		1 r		ADDI-	1		ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$9=		OR	X\$(8=	·
	Independent	*	Minus	***		=]	x43=	:		×8(€	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J ∙ ├			OR		
* 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	tj/10=	
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent is the highest number (ound in the appropriate box in column 1.												